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Bib Data Sheet

CONFIRMATION NO. 6115

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/511,445 | <b>FILING OR 371(c)<br/>DATE</b><br>10/26/2004<br><b>RULE</b> | <b>CLASS</b><br>510 | <b>GROUP ART UNIT</b><br>1751 | <b>ATTORNEY<br/>DOCKET NO.</b><br>260945US0PCT |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/04333 04/25/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 102 18 752.5 04/26/2002  
 GERMANY 102 43 361.5 09/18/2002

|   |   |  |                           |                              |                                    |
|---|---|--|---------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR<br/>COUNTRY</b><br>GERMANY | <b>SHEETS<br/>DRAWING</b> | <b>TOTAL<br/>CLAIMS</b><br>8 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| Verified and<br>Acknowledged                                | Examiner's Signature _____ Initials _____   |  |                           |                              |                                    |

**ADDRESS**

22850

**TITLE**

Alkoxylate mixtures and detergents containing the same

|  |   |   |
|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>1250 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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